

Name
in
Full

Charles H Bosine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

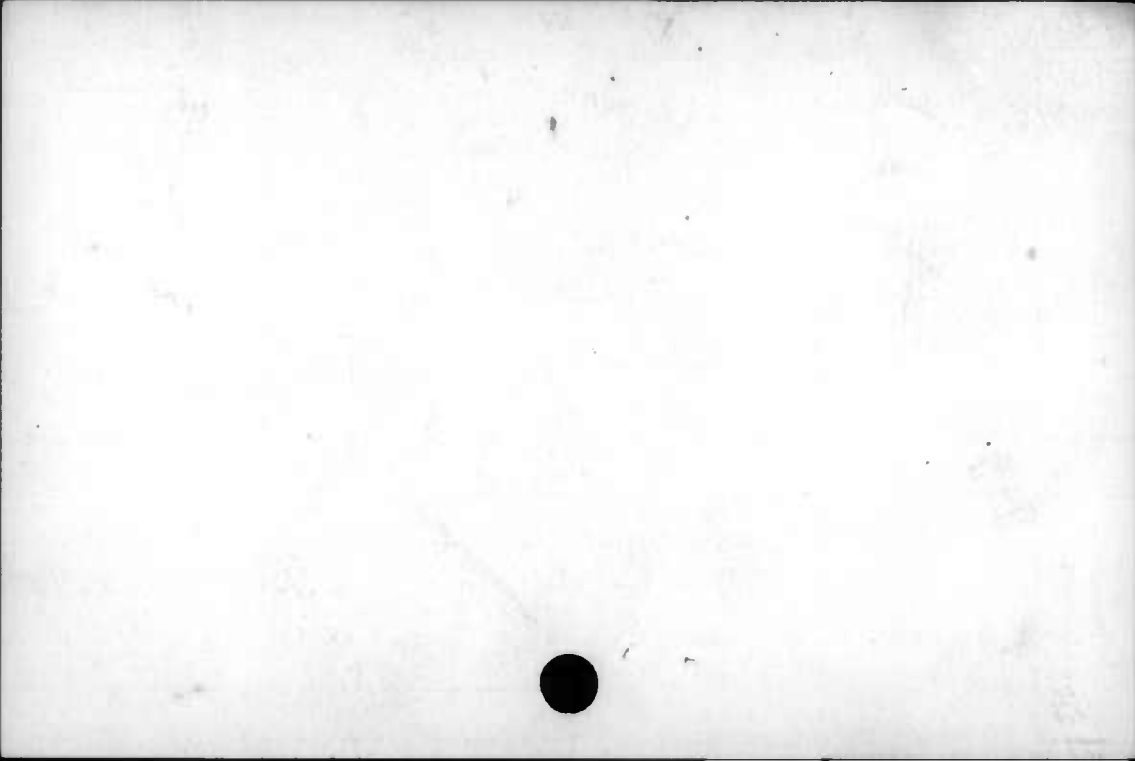
Died at <i>Elk Ridge</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>6</i>	Day <i>22</i>	Age <i>41</i>	Months <i>X</i>	Days <i>19</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Candy maker</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>			
Father's Name <i>deceased</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Bertha Aurich</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Bertha Aurich</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dropsy</i>	How long <i>8 months</i>
Immediate <i>Heart failure</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Harrison Tongue</i>
	Address <i>Elk Ridge Md</i>
Accident or Suicide?	

177



Name
in
Full

Two Indians Bradley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Savage		County Howard		MARYLAND	
Date of death		1907	Month 6	Day 18	Age 75	Months 2	Days 12
Sex Male		Color or Race White		Birth-place Md			
Occupation retired		Where Residing if not at place of death Savage Md					
Married, Single or Widowed widow		Name of Wife or Husband Charles Bradley					
Father's Name Anthony Murray		Father's Birthplace Md					
Mother's Maiden Name Eve Bee		Mother's Birthplace Md					
Name of person giving information Miller Fillmon		How related to deceased daughter					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Infirmities of Age	How long progressive
Immediate	Chronic Comulsion	How long 10 hours.
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician T. W. Linnicum M.D.
		Address Savage Md
Accident or Suicide? no		



Name
in
Full

Edward Brooks

CERTIFICATE OF DEATH

Town

Died at near Samuel

County

Howard

MARYLAND

Date

of death 1907 June

Month

Day

18

Years

Age

43

Months

1

Days

3

Sex

Male

Color or
Race

Black

Birth-
place

Md

Occupation

Hostler

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Catherine Brooks

Father's
Name

F. G. Brooks.

Father's
Birthplace

Md

Mother's
Maiden Name

M. S. Brooks

Mother's
Birthplace

Md

Name of person giving
In formation

Catherine Brooks

How related
to deceased

Wife

CAUSES OF DEATH

27

Primary

Pulmonary Phthisis

How long

6 months

Immediate

Pulmonary Hemorrhage

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

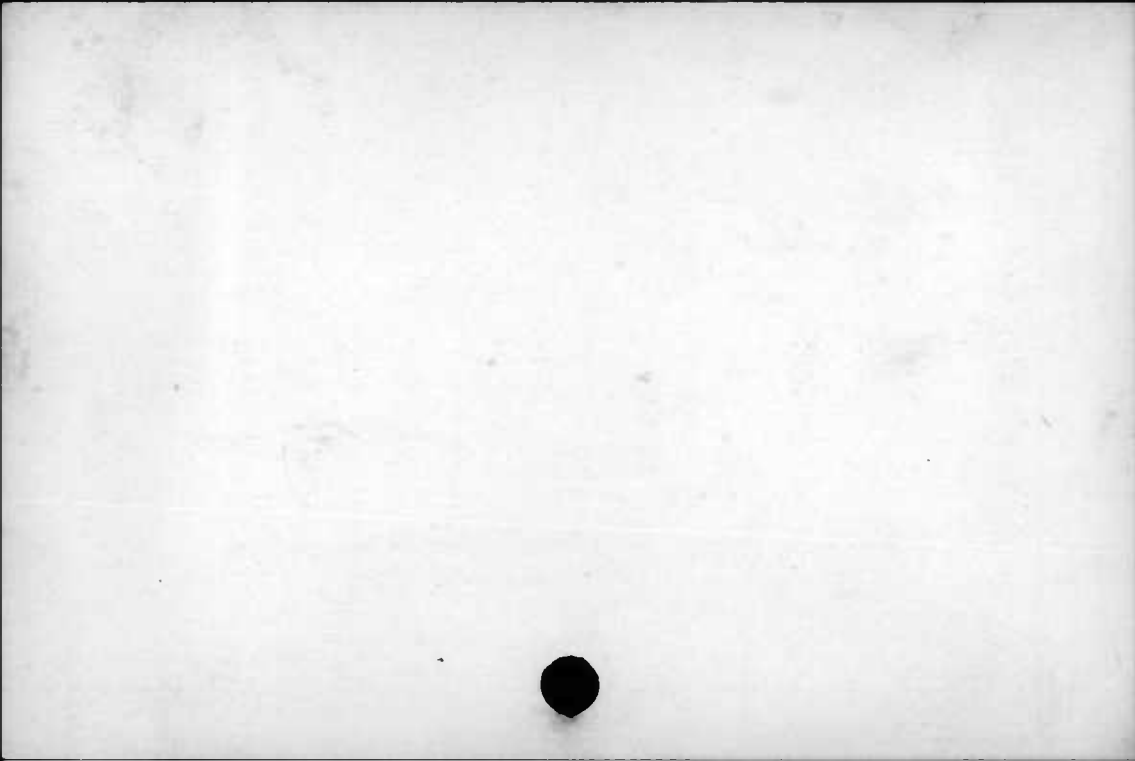
R. C. Hostler

Address

Samuel Ave

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

John Amble Crommiller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

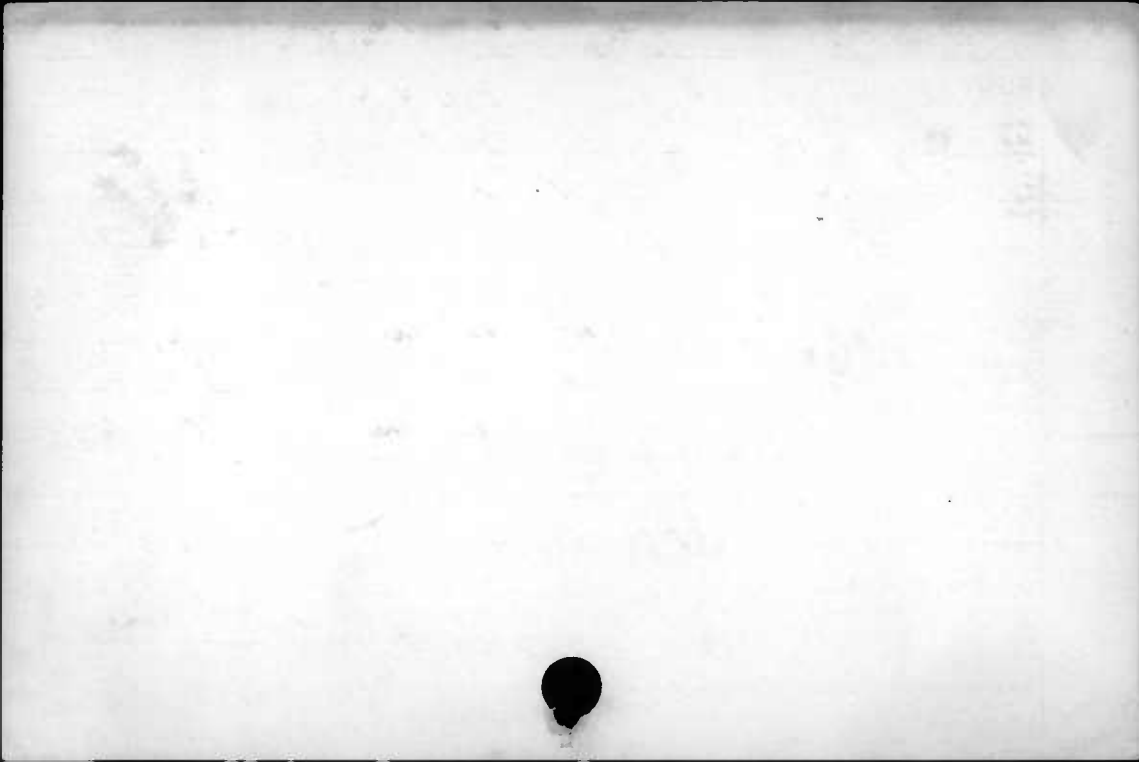
Died at		Town Savage		County Howard		MARYLAND	
Date of death 190		Month 6	Day 23	Age Years		Months	Days J
Sex male		Color or Race white		Birth-place Maryland			
Occupation Infant		Where Residing if not at place of death Savage					
Married, Single or Widowed single		Name of Wife or Husband					
Father's Name John J. Crommiller				Father's Birthplace Ky			
Mother's Maiden Name Millie S. Carter				Mother's Birthplace Va			
Name of person giving information Millie S. Crommiller				How related to deceased mother			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Icterus	How long	3 days
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W. M. Williams M.D.	
		Address Savage Md	
Accident or Suicide? no			



Name
in
Full

Albert W. Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Lisbon

Town

Howard

County

Date of death 1907 June

Month

Day 15

Age 48

Years

Months 6

Days

Sex Male

Color or
Race

White

Birth-
place

Howard Co. Md

Occupation

Carpenter

Where Residing if not
at place of death

at Home

Married, Single
or Widowed

Married

Name of Wife or
Husband

Ella Fisher

Father's
Name

Joshua Fisher

Father's
Birthplace

Howard Co. Md

Mother's
Maiden Name

Elizabeth Warfield

Mother's
Birthplace

Howard Co. Md

Name of person giving
In formation

George Fisher

How related
to deceased

Brother

CAUSES OF DEATH

72

Primary

Ruptured aortic aneurysm

How long

Immediate

Tetanus

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

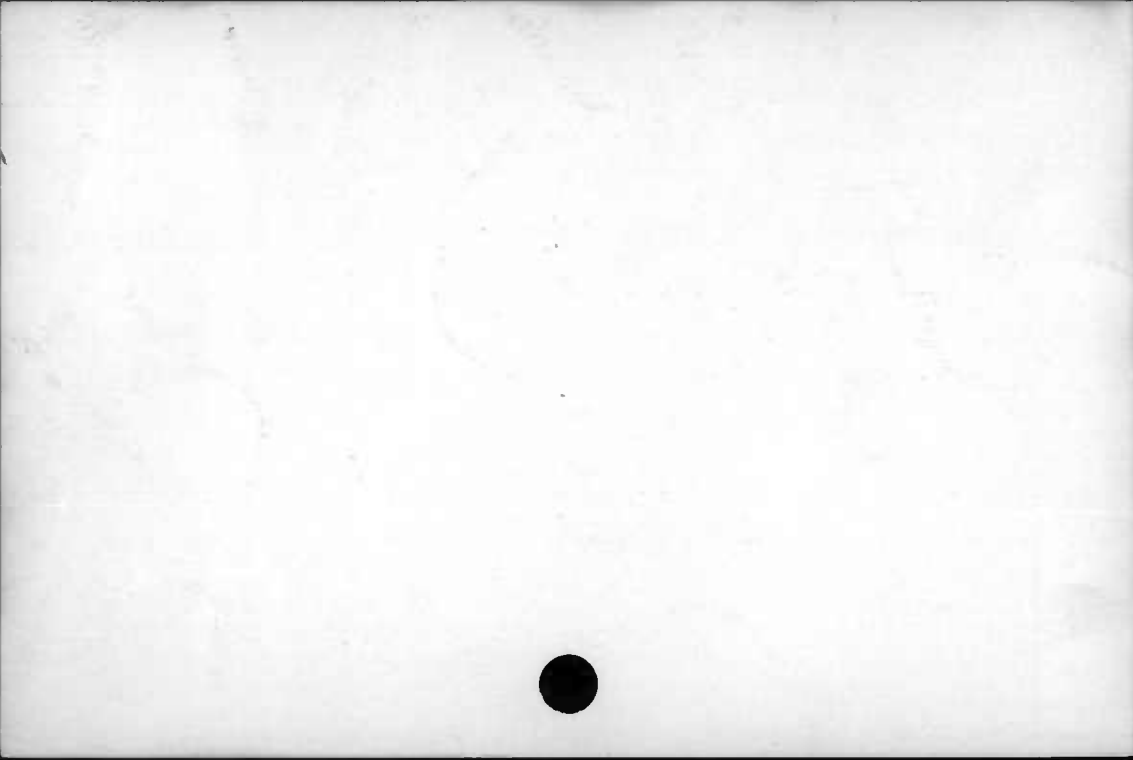
Signature of
Physician

R. O. Warfield

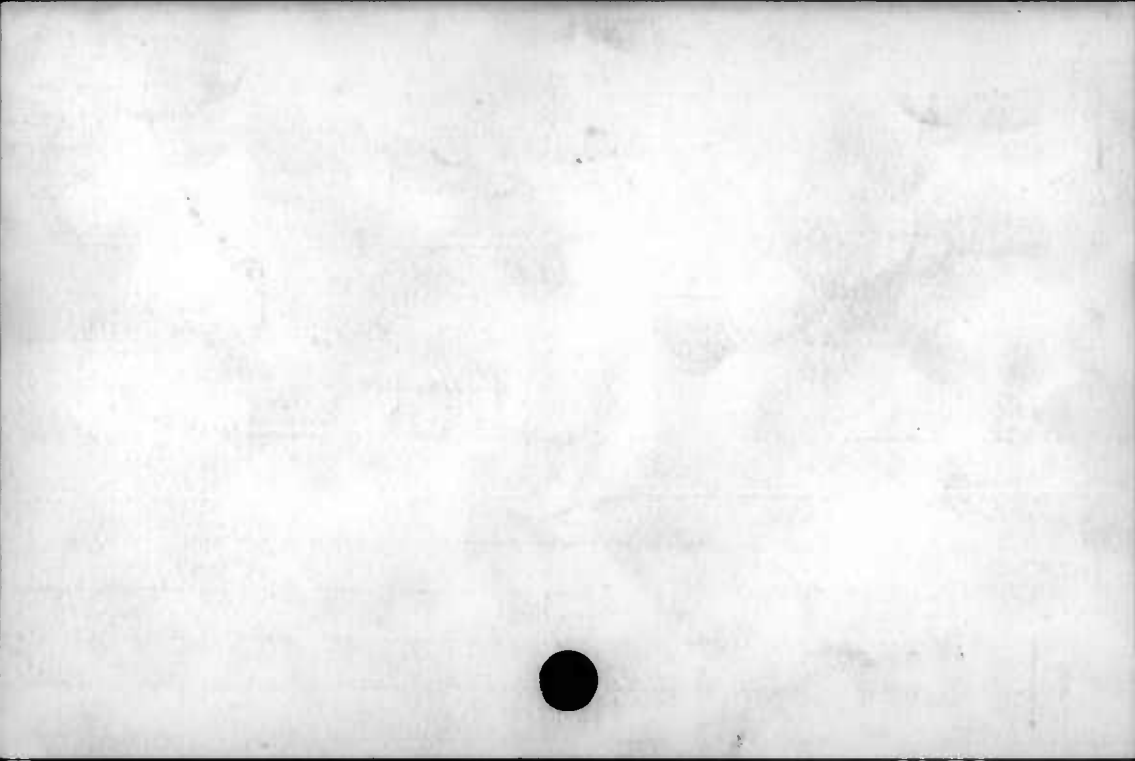
Address

Lisbon, Md

Accident or Suicide?



Name in Full		Fuller				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Elliot City</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND		
	Date of death <i>1907</i> <small>Month</small> <i>June</i> <small>Day</small> <i>23</i>		Age <i>0</i> <small>Years</small>		<i>June</i> <small>Months</small>		<i>23</i> <small>Days</small>
	Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>New Jersey</i>		
	Occupation <i>home wife</i>		Where Residing if not at place of death <i>Main st</i>				
	Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Helen Fuller</i>				
	Father's Name <i>Allean Fuller</i>		<i>(S)</i>		Father's Birthplace <i>Elliot City</i>		
	Mother's Maiden Name <i>Don't know</i>		<i>(S)</i>		Mother's Birthplace <i>Red Bank</i>		
Name of person giving Information <i>Genie Matthews</i>		<i>(S)</i>		How related to deceased <i>Mother</i>			
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		<i>Still Born</i> <i>(S)</i>		How long <i>—</i>		
	Immediate				How long <i>—</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Genie Matthews</i>				
			Address <i>Elliot City</i>				
Accident or Suicide? <i>—</i>							



Name
in
Full

Mrs. Charles R. Griffith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Near Savage ^{County} Howard.

Date of death 1907 Month 6 Day 2 Age 74 Months Days

Sex Female Color or Race white Birth-place unknown

Occupation Housewife Where Residing if not at place of death Near Savage

Married, Single or Widowed Widowed Name of Wife or Husband Charles R. Griffith

Father's Name Mr. Ferguson Father's Birthplace Pennsylvania

Mother's Maiden Name [unclear] Mother's Birthplace unknown

Name of person giving information John R. Griffith. — How related to deceased Brother-in-law

CAUSES OF DEATH

154

Primary Infirmitie of age How long 1 year

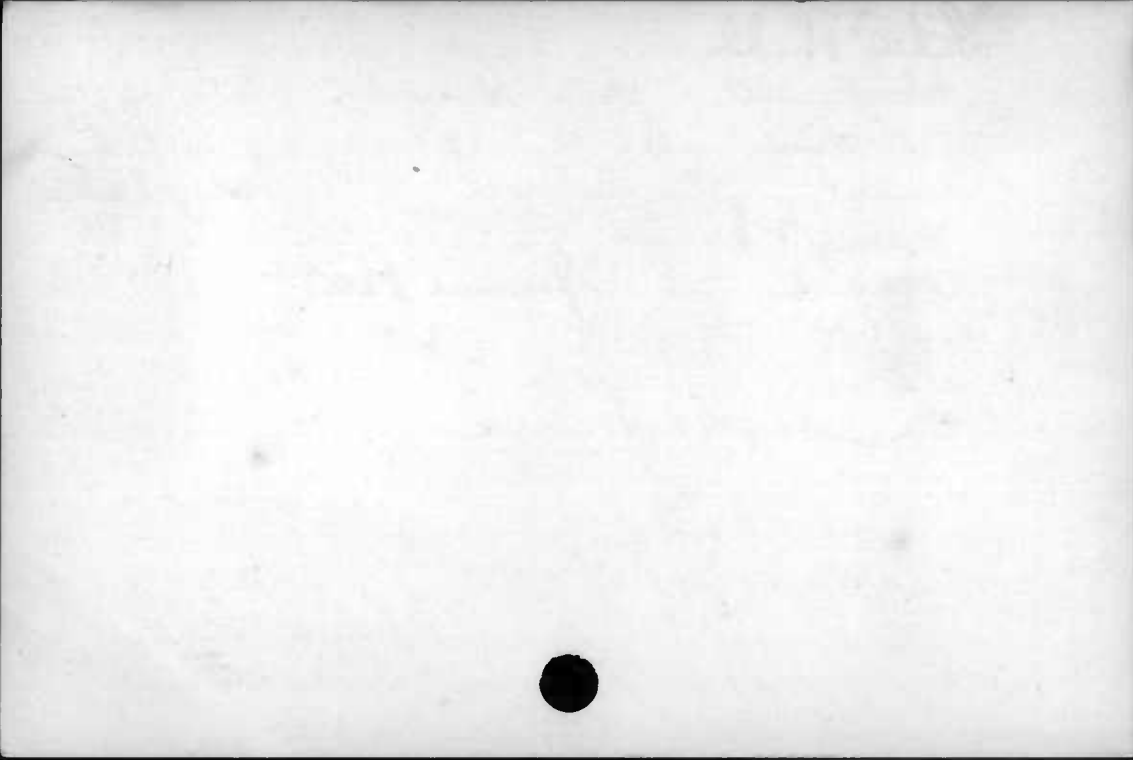
Immediate Heart failure How long progressive

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician W. L. [unclear] M.D.

Address

Savage Md

Accident or Suicide? within



Name in Full		Ida Hall				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Clarksville</u> <small>Town</small>		<u>Howard</u> <small>County</small>		MARYLAND	
		Date of death <u>1907</u>	Month <u>June</u>	Day <u>11</u>	Years <u>39</u>	Months	Days
		Sex <u>Female</u>	Color or Race <u>colored</u>		Birth-place <u>Maryland</u>		
		Occupation <u>Washing & Ironing</u>		Where Residing if not at place of death			
		Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>James Hall</u>				
		Father's Name <u>don't know</u>	Father's Birthplace <u>don't know</u>				
		Mother's Maiden Name <u>don't know</u>	Mother's Birthplace <u>don't know</u>				
		Name of person giving information <u>James Hall</u>	How related to deceased <u>Sister</u>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<u>Child birth</u>			<u>137</u>	How long	
	Immediate	<u>Puerperal fever</u>				How long	<u>9 days</u>
	Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>		Signature of Physician <u>J. B. Byrnie</u>		
					Address <u>Edgewood, Md.</u>		
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

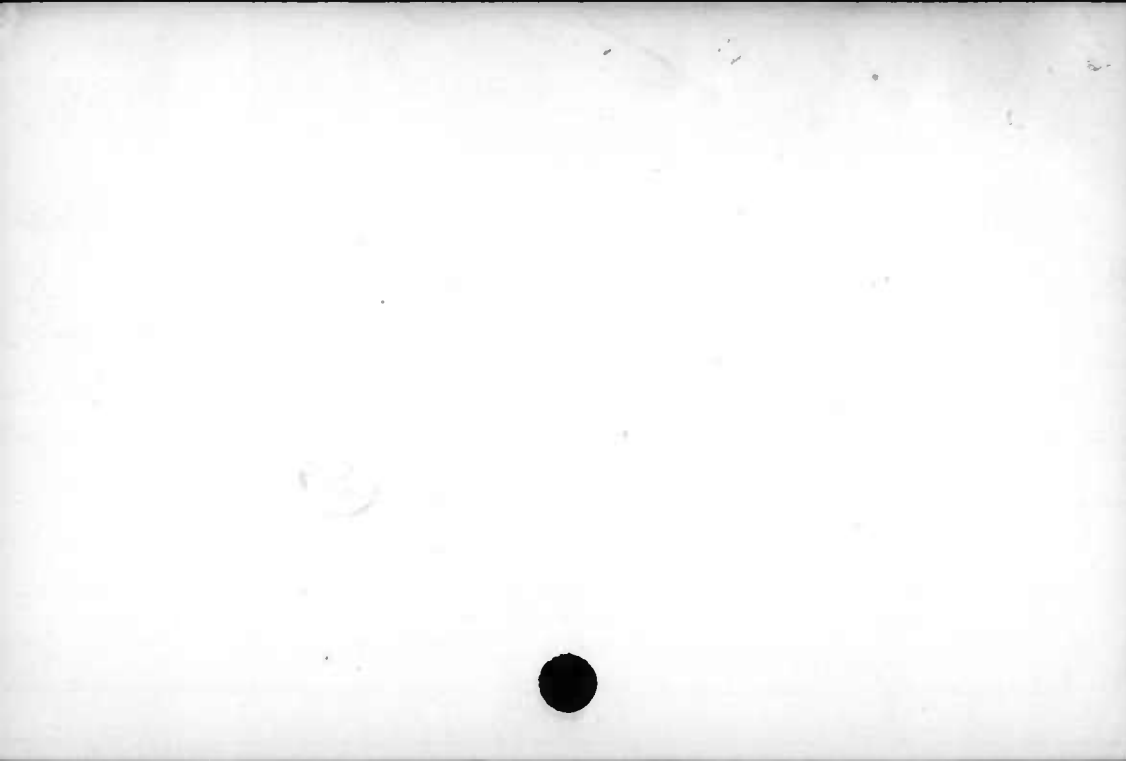
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Clarksville</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>1</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Ind</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>James Hall</i>		<input checked="" type="radio"/> <i>S</i>		Father's Birthplace <i>Ind</i>	
Mother's Maiden Name <i>Ida Smith</i>				Mother's Birthplace <i>Ind</i>	
Name of person giving information <i>James H. Hall</i>				How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Difficult Delivery from</i>	How long <i>In confinement</i>
Immediate	<i>Shoulder Presentation</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>S. A. Nichols</i>
		Address <i>Dayton Howard Co.</i>
Accident or Suicide?		



Name

in
Full

George Royal Leach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

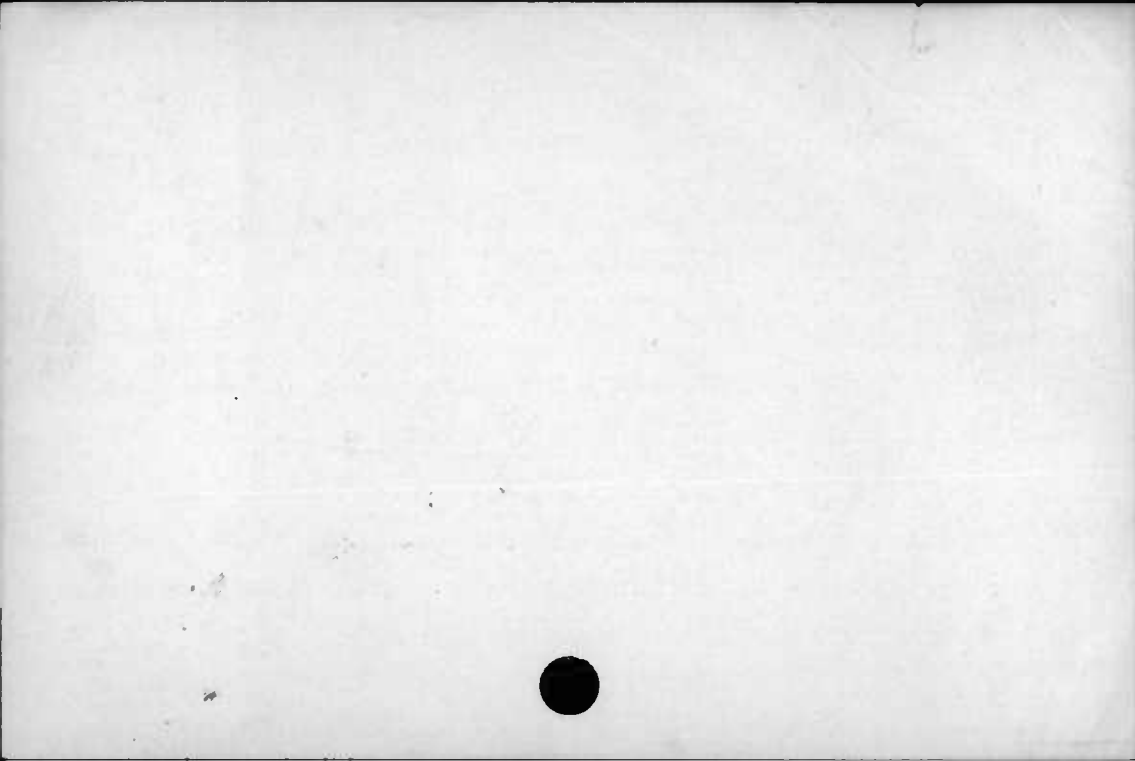
Died at <u>Lisbon</u> Town		<u>Howard</u> County		MARYLAND	
Date of death	1907	Month	June	Day	5
Age	82	Years	2	Months	11
Sex	Male	Color or Race	White	Birth-place	Howard Co. Md
Occupation	Retired Merchant	Where Residing if not at place of death <u>at home</u>			
Married, Single or Widowed	Single	Name of Wife or Husband <u>—</u>			
Father's Name	Ralph Leach	Father's Birthplace		England	
Mother's Maiden Name	Rachel Gott	Mother's Birthplace		Howard Co. Md	
Name of person giving information	Morris Porter	How related to deceased		Nephew	

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary	<u>Duodenal</u>	How long	<u>2 years</u>
Immediate	<u>4 Corns & Fungus</u>	How long	<u>4 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>R. O. D. Welford</u>		
<u>yes</u>	Address <u>Lisbon, Md</u>		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Erlyne Byrd M. Bandlish</i>		Town <i>Elliott City</i>		County <i>Howard</i>		State <i>MARYLAND</i>	
Died at <i>Elliott City</i>		Month <i>June</i>		Day <i>19th</i>		Age <i>75</i>	
Date of death <i>1907</i>		Months <i>19</i>		Years <i>75</i>		Days <i>19</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Virginia</i>			
Occupation <i>house</i>		Where Residing if not at place of death <i>867 Park Ave</i>		<i>Balto.</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>unknown</i>			
Father's Name <i>don't know</i>		Mother's Maiden Name <i>don't know</i>		Mother's Birthplace <i>unknown</i>			
Name of person giving information <i>A. Marie Keyser</i>		How related to deceased <i>friend</i>		<i>64</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Apoplexy</i>		How long <i>2 weeks</i>	
Immediate <i>Effusion into Ventricular Space</i>		How long <i>18 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Charles Van Bibber</i>	
Address <i>9 E. Read St.</i>		<i>Baltimore City</i>	
Accident or Suicide? <i>no.</i>			

Hy W. Jenkins & Sons Co
Howard & Madison St
Place of burial Greenmount.
Cemetery

Name
in
Full

CERTIFICATE OF DEATH

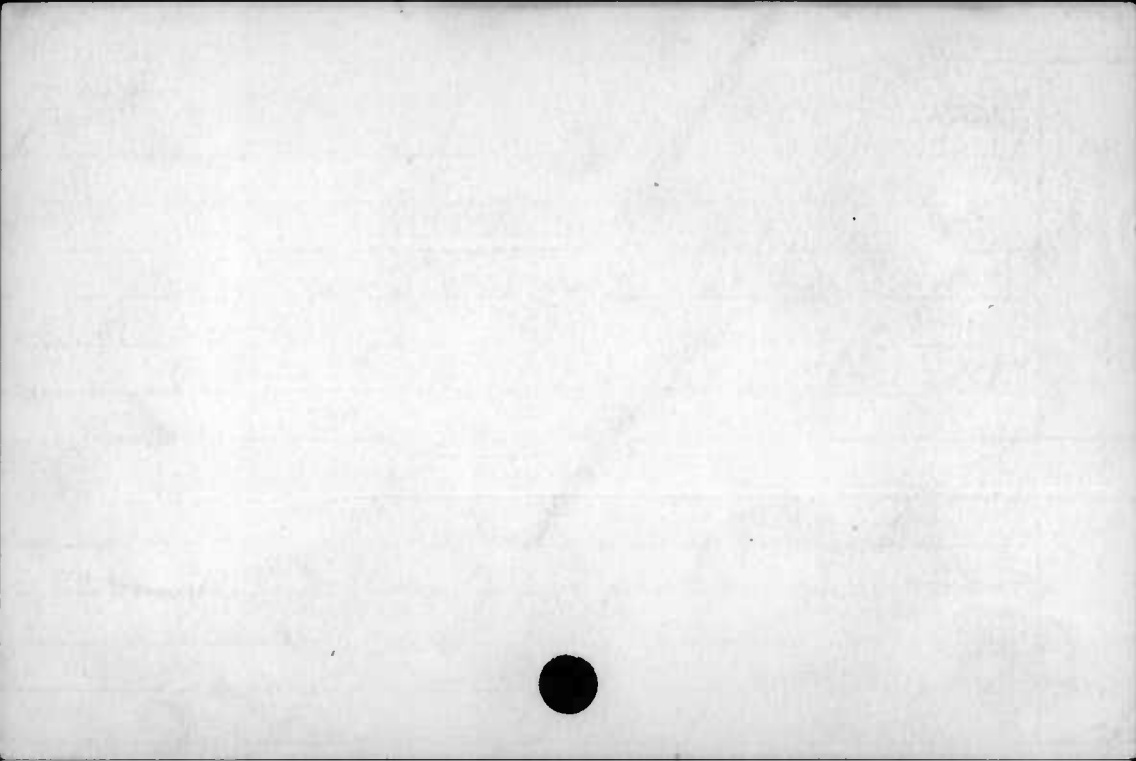
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Katherine Manakee</i>		Town <i>Clarksille</i>		County <i>Howard</i>		MARYLAND	
Died at <i>Clarksille</i>		Month <i>June</i>		Day <i>5th</i>		Age <i>23</i>	
Date of death <i>1907</i>		Years <i>23</i>		Months <i>3</i>		Days <i>18</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>Teacher</i>		Where Residing if not at place of death <i>Clarksille</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>— no</i>					
Father's Name <i>John W. Manakee</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Hannah Deunhead</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Gideon Bussard</i>		How related to deceased <i>Brother-in-law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	<i>(27)</i>	How long <i>15 mos.</i>
Immediate <i>Asthma</i>		How long <i>Progressive</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. W. L. Lissel</i>	Address <i>Highland, Md.</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

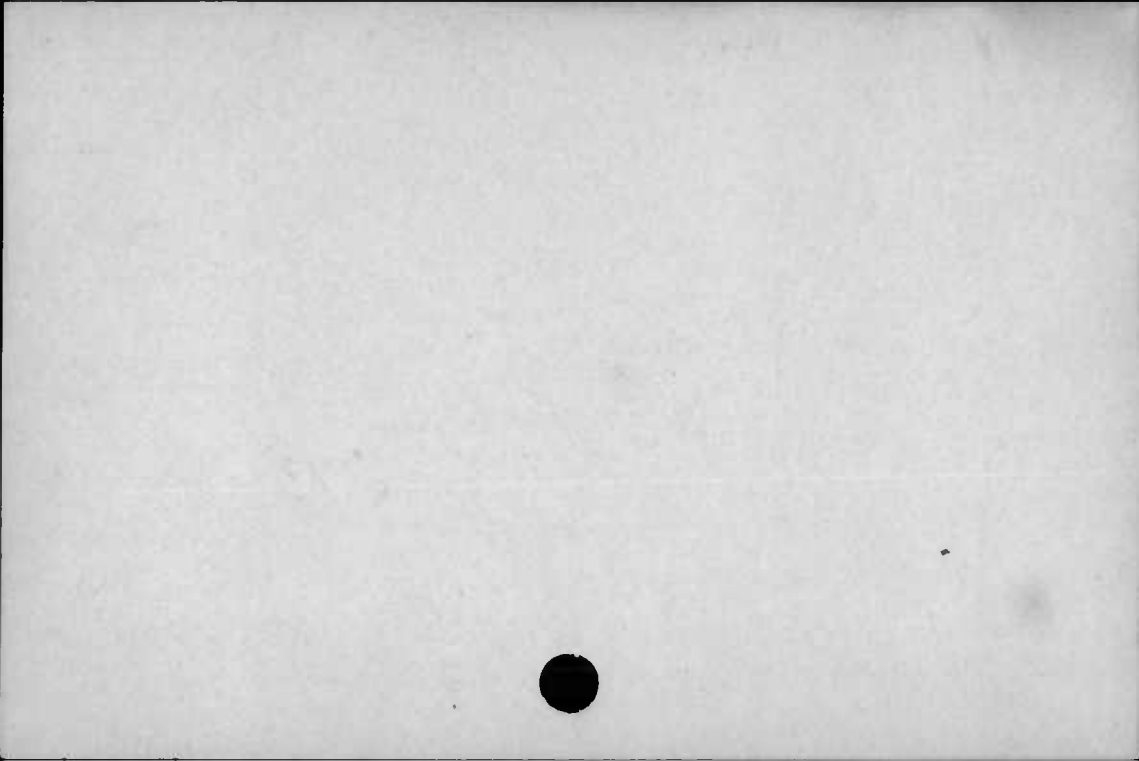
Name in Full <i>George S. Gathers</i>		Town <i>Blumwood</i>		County <i>Howard</i>		MARYLAND	
Died at		Month <i>6</i>		Day <i>12</i>		Years <i>38</i>	
Date of death <i>1907</i>		Age <i>38</i>		Months <i>4</i>		Days <i>2</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Blumwood</i>			
Occupation <i>Merchant</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Cora P. Gathers</i>					
Father's Name <i>William Gathers</i>		Father's Birthplace <i>Blumwood</i>					
Mother's Maiden Name <i>Harriet Howard</i>		Mother's Birthplace <i>Montgomery</i>					
Name of person giving information <i>Kenah Gathers</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

130

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>		How long <i>Three years</i>	
Immediate <i>Acid-Uremic poisoning</i>		How long <i>Eight hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. W. W. Eichelberger</i>	
		Address <i>Blumwood, Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

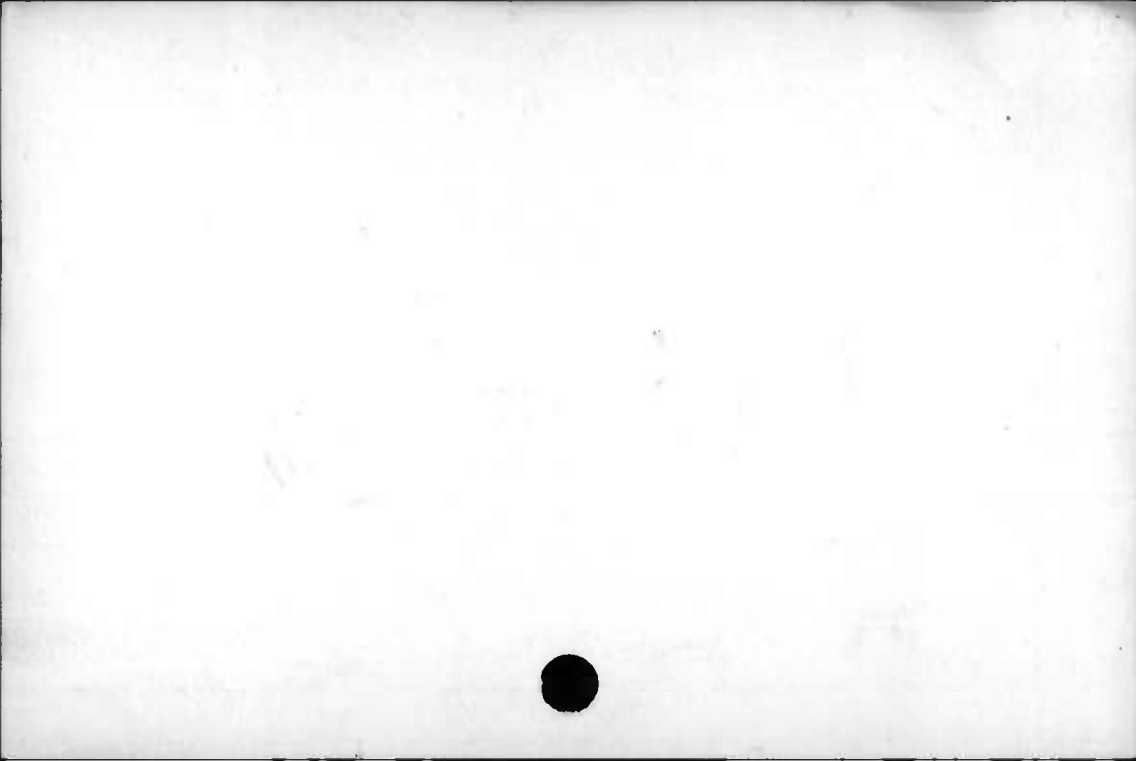
Died at <i>Elk Ridge</i> ^{Town}		<i>Harvard</i> ^{County}		MARYLAND	
Date of death 90	7	Month	6	Day	15
Age		Years		Months	Days
Sex	<i>Male</i>		Color or Race	<i>Colored</i>	
Occupation	<i>Labour</i>		Birth-place	<i>Va</i>	
Where Residing if not at place of death			<i>X</i>		
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband	<i>X</i>	
Father's Name	<i>Walter Turner</i>		Father's Birthplace	<i>X</i>	
Mother's Maiden Name	<i>" "</i>		Mother's Birthplace	<i>X</i>	
Name of person giving information	<i>Ed Turner</i>		How related to deceased	<i>none</i>	

CAUSES OF DEATH

(179)

PHYSICIAN
OR CORONER

Primary	<i>Complication of Sinus</i>	How long	<i>about 10 years</i>
Immediate	<i>Rheumatism</i>	How long	<i>about 8 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Harrison Tongue</i>
		Address	<i>Elk Ridge</i>
			<i>Ma</i>
Accident or Suicide?			



Name
in
Full

Ernest Elsworth Purdy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Savage		County Howard		MARYLAND	
Date of death	1907	Month	6	Day	14	Age	Years Months Days 10
Sex	male		Color or Race	white		Birth place	Ma
Occupation	Infant			Where Residing if not at place of death Savage			
Married, Single or Widowed	single		Name of Wife or Husband				
Father's Name	James Purdy					Father's Birthplace	Ma
Mother's Maiden Name	Mary Beel					Mother's Birthplace	Ma
Name of person giving information	Mrs Mary Purdy					How related to deceased	mother

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Chronic Indigestion		How long	6 mo
Immediate	Exhaustion		How long	progressive
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		W. Williams		
Address		Savage Md		
Accident or Suicide?		Neither		



Name
in
Full

Henry Rhodes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ellicott City</u> <small>Town</small>		<u>Howard</u> <small>County</small>		MARYLAND	
Date of death <u>1907 June 16</u> <small>Month Day</small>		Age <u>71</u> <small>Years</small>		Months <u> </u> Days <u> </u>	
Sex <u>Male</u>		Color or Race <u>colored</u>		Birth-place <u>Maryland</u>	
Occupation <u>Farm Hand</u>		Where Residing if not at place of death <u>Ellicott City</u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Harriett Rhodes</u>			
Father's Name <u>George Rhodes</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Katie Rhodes</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Harriett Rhodes</u>		How related to deceased <u>Wife</u>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <u>Cerebral</u>	How long <u>1 year</u>
Immediate <u>Asphyxia</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. G. Owens</u>
	Address <u>Ellicott City, Md.</u>
Accident or Suicide? <u>Neither</u>	

